Complete and send this arm, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$		or <u>F</u>							
INSTRUCTIONS: This for appropriate. All carter coindicated unless consisted maintenance fee notification	rm Sould be used for trainespondence including the below or directed otherwisens.	e in Block 1, by (a	JE FEE and I rders and notin a) specifying a	PUBLICATION FEE (if req fication of maintenance fees a new correspondence addres	uired). Blocks will be mailed s; and/or (b) in	1 through 5 s 1 to the current ndicating a sep	should be con corresponder arate "FEE A	mpleted when nce address a DDRESS" fo		
	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of	of mailing can	only be used f	or domestic r	mailings of th		
	Fee(s) Transmittal. T	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must								
20792 75	20792 7590 12/21/2004					have its own certificate of mailing or transmission.				
MYERS BIGEL	С	Certificate of Mailing or Transmission								
PO BOX 37428	I hereby certify that States Postal Service	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope								
RALEIGH, NC 27627				addressed to the Matransmitted to the US	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.					
								(Depositor's name		
								(Signature		
								(Date		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.			
09/867,911	05/30/2001		Robert Russell Cutlip		Rsw9 - 01 - 080 7556					
FUNCTIONS	iemods, statems ani	O COMI OTER IN	,	ODUCTS FOR COUPLING	BEETROME	MAIL AND A				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE		DATI	E DUE		
nonprovisional	NO	\$1400	0	\$300	\$1700		03/21	1/2005		
EXAMINER		ART UNIT		CLASS-SUBCLASS	7					
ZHEN, LI B		2126		719-328000	_					
1. Change of correspondence address or indication of "Fee Address"			2. For print	ting on the patent front page,	list	m:5 - 61-	T 01	0.11:		
CFR 1.363).	tence address (or Change of	Correspondence	(1) the nam	nes of up to 3 registered pat OR, alternatively,	ent attorneys			Sulliva:		
Address form PTO/SB/12	dence address (or Change of 22) attached.	Correspondence		ne of a single firm (having as	a member a	<u></u>		ibley &		
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Sājovec 3Gerald R. Woods					ds		
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	THE PATENT	(print or type)						
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute i	ear on the patent. If an assign for filing an assignment.	mee is identifie	ed below, the	locument has	been filed fo		
(A) NAME OF ASSIGNEE		(E	B) RESIDENC	E: (CITY and STATE OR CO	OUNTRY)					
ternational Bu	siness Machines	Corporat:	ion A	Armonk, New York	10504					
				atent): 🚨 Individual 🖼 (other private or	oun entity	Governmen		
ta. The following fee(s) are			p. Payment of I			omer private gr	oup entity -	Governmen		
Issue Fee			A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated above				(0	oroso an oxua (opy or this to			
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applica	ant is no longer claiming SM	ALL ENTITY S	status. See 37 C	FR 1.27(g)(2)).		
The Director of the USPTO NOTE: The Issue Fee and Pointerest as shown by the reco	is requested to apply the Issublication Fee (if required) pords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and d from anyone Office.	y) or to re-apply any previou other than the applicant; a re	sly paid issue for gistered attorne	ee to the applic by or agent; or t	ation identifie he assignee o	d above. r other party i		
	-1/2/11			03/16	/2005 JADDO		8 090461	09867911		
Authorized Signature	A Migh	~		Date	January	13, 200	5			
Typed or printed name _	Timothy J. 0'	Sullivan		Registratio	n No. <u>35,</u>	532	_	_		
This collection of information an application. Confidential	on is required by 37 CFR 1.3	11. The informatio	n is required t	o obtain or retain a benefit by	the public whi	ch is to file (an	d by the USP	TO to process		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 magnetic to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any confidents on the assemblo time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Alexandria, Virginia 22313-1450.

Q2 FC: 1504

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.